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ORIGINAL ARTICLES.

REMARKS ON UTERINE CANCER.

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CANCER of the uterus is so prevalent that nearly all general practitioners see at least two or three cases yearly and it is upon the family physician that we must rely to recognize the early symptoms and to indicate to the patient the appropriate treatment. Without his assistance the gynæcologist will almost invariably see the case only when the disease is too far advanced to permit of a complete removal of the morbid growth. We know that in the beginning cancer is essentially a local process, and that the apparently independent growths occurring in other organs are really metastases from the primary tumor. This knowledge has undoubtedly given rise to the great demand for surgical measures in this condition. Up to this time an operation has done more for those afflicted with this condition than any other line of treatment. The results to be sure have not always been all that we desire. Better results would be obtained if the cases were brought to us sooner. In other words, if the family doctor could have an earlier opportunity to see these cases and to make the proper diagnosis the surgical results would be better. Unfortunately, we find that diagnostic symptoms at best are meager, and in the early stages give little or no clue to the real nature of the disease. Right here I wish to emphasize the value of curettage when there is the slightest uterine hæmorrhage that cannot be satisfactorily explained.

The importance of the diagnostic curettage and excision of the cervix cannot be too strongly emphasized. It need not be urged that all erosions of the cervix be excised, but they should, particularly in the fourth decade of life, all be suspected and watched. Those cases that do not respond to treatment should, after a reasonable allowance of time, be partially excised for microscopic examination.

All curettages performed for the purpose of stopping bleeding should at the same time be considered as diagnostic curettages, not simply because in general it is well to get an idea of the condition of the bleeding endometrium, but chiefly on the assumption that there may be carcinoma in such endometrium. This simple operation is, of course, especially serviceable in cases of suddenly appearing vaginal sanguinolent discharge outside of the regular periodic flow, in all cases of metrorrhagia or even menorrhagia, and in all typical post-climacteric bleedings.

All circumscribed erosions with ready tendency to bleed on contact and all erosions which are felt to overlie an indurated parenchyma should be subjected to diagnostic excision. The same rule of precaution applies in smaller or larger growths occurring within the cervical canal or at the vaginal portion of the cervix. This simple procedure can scarcely prove harmful, while on the contrary it may occasionally reveal in the only way possible a concealed cancer.

In many cases the patient, when first seen, looks perfectly well and one would not for an instant suspect any serious trouble, whereas, on examination the disease may be far advanced or even inoperable. On the other hand, thin, anæmic, and cachectic women may supply some of the early and favorable cases. In brief it may be said, while it is often possible to form a fairly good idea from the general condition, external appearances are not infrequently very deceptive.

Hæmorrhage, as has been noted, is one of the most frequent symptoms; as a rule, it occurs early in the disease, but occasionally is absent throughout the entire course.

A watery or purulent discharge is noted in practically all of the cases in the late stages. The uterine discharge is usually very offensive, and so characteristic that in the latter months one can almost make a diagnosis by the odor. It causes much irritation of the external genitals.

Pain is a variable quantity in the early stages; some patients, indeed, throughout the entire illness complain of no pain whatever. Others, even at an early period, suffer with cramplike pains in the uterus or have frequent backaches. As the process passes beyond the uterus and the growth presses on the nerve trunks, the pain is no longer limited to the pelvis and back, but often extends to the thighs, knees and often to the calves of the legs. So excruciating is the suffering in the late stages that many patients have to be kept constantly under the influences of morphine. As the disease progresses, the patient usually loses weight but, as appears from

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some of our cases, the body at autopsy may still be well nourished. The loss of flesh is to some extent due to the absence of appetite which invariably belongs to the late stages. Cachexia and emaciation usually go hand in hand, and it is no rare occurrence to find marked cachexia, even though the patient may be still well supplied with adipose tissue. There are several factors which doubtless are concerned in the production of the yellowish, waxy condition. In the first place, the hæmorrhages are frequent and consequently an anæmia is present. This is still further increased due to the increasing loss of appetite. The continuous discharge also has its effect. So does the absorption of the products of decomposition from the growth.

The statistics of operations for carcinoma of the uterus offer many uncertainties. In some instances the surgeons have run but little risks, as they have operated on selected cases only. So they have been able to report a good percentage of recoveries. On the other hand, there are those who disregard the question of statistics altogether and operate on every patient who presents the slightest possibility of saving the patient. With the latter group we are in sympathy though the records show more failures. It is clearly the duty of every surgeon to take advantage of every reasonable chance of saving his patient. And it is clearly the duty of every physician to send his patient to a surgeon whenever she presents any of the symptoms of this troublesome pest. A very grave responsibility lies at the doors of the medical profession for the small progress made in the early diagnosis of uterine cancer and its successful treatment. How constantly is the consultant told: "I mentioned it to my doctor weeks or months ago, but he said, 'Oh, it is nothing; I will send you a little medicine or a little injection,' and never suggested any internal examination, so I did not like to trouble him again until the pain became so bad or the discharge so troublesome, and then he examined me and said I must have special advice at once." Invaluable weeks or months gone, and then the verdict of the consultant: "It is not a case for operation," which means "you have come too late," but cannot be so candidly expressed because he must guard the reputation of his professional brother. I admit that the false modesty of the patient, especially in some cases of society, makes the position a difficult one, especially for the young family doctor. But we must all be awake to what is at stake and to be firm in our demand for an examination, and if we have any doubt after such an examination, to urge that the patient should at once seek the advice of some one who has had larger opportunities for forming a sound opinion. I will go one step further, and ask you, if there should be any to whom such a temptation comes, never to go on treating a case in which there is the shadow of doubt, either because you doubt or want practice. If the case is susceptible of treatment at all, it is only surgical which can avail, and that of so severe a kind that it requires the knowledge of the specialist if ever any disease did or does require special skill in operative treatment.

It is easily apparent to us all then that the proper treatment of uterine cancer includes first of all a proper diagnosis. This made, surgical measures must be advised at once. Given a uterus freely movable with no extension of the disease to the rectum or bladder and a not too great involvement of the surrounding tissues, the results from an operation will usually be good.

Time lost at the start will never be regained.

Unfortunately, there are almost innumerable cases of uterine cancer that will not be cured by a surgical operation. I see many of these cases. Much can be done for these patients in the way of prolonging their lives and making them comfortable as long as life lasts. I find much relief is given if the organ is curetted and the cautery is used to burn all the affected tissues in our line of vision. This procedure nearly always stops the bleeding, relieves the obnoxious odor and for a time the patient is much improved. There is little or no shock and the treatment can be repeated again and again. I have been doing this sort of thing for several years and have found in the majority of cases that the patients welcome this line of treatment.

In certain cases I have had to resort to the use of an escharotic. I generally use calcium sulphid. A piece as large as a pea is wrapped in absorbent cotton and placed upon the affected tissues. A strip of plain gauze holds this in place. This is removed in 24 hours and a strip of iodoform gauze is inserted. This is changed every two days. The slough separated in from seven to ten days.

We not infrequently have a picture of a woman in the full flush of health passing rapidly into decline, with all the accompaniments of advanced cancer. When brought to a realization of her condition with all that it entails, she lapses into a state of unutterable woe. Her sufferings and despair are reflected in her rigid and immobile features and the ravages of the disease are too plainly such in the pale, wan face and wasted form. She is perchance a wife or mother with all these names imply. Sad faces and ominous silence betoken the desolation that has invaded the household, and the only prospect is weary watching and waiting through dismal days and nights for the inevitable. The surgeon comes and goes. The pain, the hæmorrhage, the discharge, and the insupportable stench have departed with him. The patient begins to eat, sleep and takes on flesh and color. She returns to her household duties, is cheery, happy and hopeful. She is again wife and mother and

home is home and when the lapse comes, as it will in weeks or months, perhapes it comes quite often with abated severity, less pain, less hæmorrhage, less discharge and less of the horrible odor. There is also less of despair and anguish of mind, for the patient clings to a lingering hope borne of her former experiences or becomes resigned to her hereafter, serenely awaiting the issue which is to bring deliverance.

AN INTERESTING CASE OF SPINA BIFIDA.

BY GEORGE ALLEN DAVIES, M. D., JACKSONVILLE, FLORIDA.

THE benefit we all derive from attending clinics, medical or surgical, is very similar to that received from hearing or reading case reports. We learn either what to do, or what not to do, when the next case like it comes along. With these thoughts in mind, I submit the following brief report, trusting it may be of interest:

Female, aged 9. Patient of Dr. R. A. Hicks, of Tampa, Fla.

History: Was born with a tumor in back about the size of a lemon. Growth steadily enlarged, finally covering entire sacral and part of lumbar region and preventing patient from lying on her back.

As soon as old enough to express herself, she complained of headachees, which have grown worse and more frequent from day to day, due, of course, to transmitted fluid pressure on brain. Unable to bear much pressure over the tumor. Examinations showed a well developed and, considering the handicap she was under at school a remarkably intelligent child. No other deformity. The tumor fluctuated and was translucent. Skin covering normal. Diagnosis: Spina Bifida; meningeal type. As patient was an only child the question of operation was rather a delicate one. The parents were informed that the tumor was liable to accidental rupture, followed by meningitis and death; also that the operative mortality was 33 1-3 per cent. They decided to take the chance, however, as the suffering from headaches was becoming more and more severe. Treatment: Operation October 27, 1912. A transverse incision was made through middle of upper hemisphere of tumor, to lessen chances of infection from anal region, which, had it occurred, would doubtless have resulted in a fatal suppurative meningitis. This incision was merely carried through the skin. The flaps were turned back and a vertical incision made through the underlying sac. The fluid was drawn off very slowly, to avoid shock, before completing the second incision.

The sac in this case was fully a half-inch in thickness. A large nerve from the cauda equina protruded from the spinal opening and spread fanlike over the inside of the sac. As it was impracticable to dissect out the filaments, the nerve was excised at its exit from the spinal opening. The sac was then dissected out and sutured vertically close to the spinal canal with number two chromicized catgut. The skin flap was trimmed off and sutured transversely, with same suture material, using the subcuticular stitch. Plain gauze dressing. The constant prone position in bed was maintained for ten days, to lessen chances of separation of wound with consequent leakage of spinal fluid. Patient left hospital for home on fourteenth day, with primary union of wound throughout. In a letter to me some months later her mother stated that the headaches had entirely cleared up and she seemed well in every particular.

MONSTROSITIES AND MODERN OBSTETRICS.

W. L. M'CREARY, M. D., KNOXVILLE, TENNESSEE.

I HAVE often wondered at the cause of abnormal growths in utero, and have never been able to find a satisfactory explanation, or get at the cause for myself.

Why at one time a woman will bring forth a perfectly healthy child, and at another time, under exactly similar conditions, will produce a monstrosity? I have two cases in mind that will illustrate my point. About five years ago, Mrs. H. B. had a perfect child. Two years later she became pregnant again, and when about six months gone fell over the back of a chair and brought on a premature labor, and the product of this conception was a monstrosity, with large abdomen with dropsical effusion. The bones of head and face all separate and movable, with arms and legs and spine very imperfectly developed. So far as I could get her history there was absolutely no cause for this condition. She had noticed nothing unusual during her pregnancy, except that quickening was absent. She made an uninterrupted recovery and two years later brough forth a perfectly healthy child.

Again, about one year ago, I was called to see Mrs. E. C., who was supposed to be three months pregnant. She was suffering with a very severe pain which she referred to the fundus of the uterus and somewhat to right side, and on examination the uterus seemed somewhat larger than usual at that period. She had an unusually strong, healthy child twenty months old. I saw her occasionally for the next three or four months when she was suffering these pains and they kept up at intervals during her whole pregnancy, and she developed very rapidly until at six months she looked like a woman about to be confined with twins. Even at this time the motion was so slight and the fœtal heart sounds could not be found that a premature delivery was seriously considered, but as there was no positive evidence of a dead child and the consequent sepsis we allowtd her to drift along, but con-

stantly growing larger, and when she was about seven months gone she began having labor pains and I was called at 2 P. M. The pains kept up regularly, and at 7 P. M. I discovered two little feet protruding through a partially dilated os into the vagina. Pains still regular, but at 10 P. M. little or no progress had been made and I asked for assistance, and about 10:30 P. M. Dr. B. came in and we gave her an anæsthetic. Under this I was able to make a better examination and found that I had something abnormal to deal with, and by all the traction I was able to put on the presenting feet and legs the parts were unmovable. In passing my hand up into the uterus, I found an enormous tough sac that felt like leather. I proceeded to puncture and the yellow water began to flow and flow, but there was no diminution in the size of the abdomen, or in the fixedness of the child. I then passed the points of a pair of scissors into the sac and spread the blades wide, making a hole large enough to admit my two fingers, and after we had flooded the bed and the floor, and estimated that at least three gallons of water had passed, I was able to extract this enormous sac and the skeleton of a seven months' fœtus. There was very little osseous development and the sac extended from the tubes to the chin. Notwithstanding all this rough treatment, the woman made a most uneventful recovery. The only reason I could ever get for this condition was that when she was probably ten weeks pregnant she was carrying her big child and had a severe fall, but at the time suffering no inconvenience from it.

In what way can such abnormalities be accounted for? I believe we have as many such cases now as we ever had. We all know what wonderful progress there has been in the past quarter century in surgery, and I believe that there has been equally as much progress made in the teaching and art of obstetrics, and while the women of the present day are not so hardy or robust as our mothers or grandmothers, yet the mortality in child birth has been greatly reduced. Perhaps I notice the great change in the teaching more than many others from having been on the Tennessee State Board of Medical Examiners for the past twenty-three years. Each year more and more stress is laid on a sepsis and from this alone many a poor woman escapes a parturient sepsis from the dirty hands of a careless doctor or nurse, and when occasionally we meet a case of sepsis the bichloride of the allopaths and the echinacea of the homœopaths and eclectic rob it of its terrors.

A quarter of a century ago little attention was paid to lacerations, internal or external, and how little was the effort made to prevent or to repair at the time, and the woman was doomed to go through life maimed and crippled, while now great stress is laid upon using every effort to prevent lacerations, and if perchance they do occur, for an immediate repair, and whilst it was once thought that any kind of a sewing up would do, recently it is impressed upon the student that it means a careful surgical operation, and that all the torn parts should be accurately approximated and the deep muscles carefully drawn together, and in the future I am sure there will be much less work of this character for the gynæcologist to do. I, myself, have repaired lacerated perineums of twenty and thirty years' and one of forty years' standing. A thing that in a few years will seldom be found.

Twenty-five years ago the man who used chloroform in labor was an exception, and the man who advocated the use of forceps was considered little less than a brute, but since that time the use of forceps has become common and the use of some anæsthetic a necessity. And in addition to chloroform and the forceps, we have Abbott's H. M. C. tablets that fill a valuable place in the conduct of labor.

In the first stage where the pains are very severe and very frequent, an H. M. C. No. 2 administered hypodermically modifies the agony wonderfully, and enables the woman to get a little relief without in any way retarding the progress of labor. And so in the second stage it enables her to bear her pains better and to work more effectively, and then I think it modifies the severity of the afterpains, and I have yet to see any bad effect on either mother or child, and I have never had a case of post partum hæmorrhage after using the H. M. C. as I have sometimes had after using chloroform in a protracted labor.

And lastly comes Parke-Davis Company with their pituitrin. That seems to be suitable in all cases of labor that are slow, pains weak and far apart. Occasionally there is a case upon which it is inert, but in a large majority of cases in ten minutes after it is injected under the skin the mother gets busy, and the pains come every one or two minutes. My experience with it has been limited, but I have watched the progress of labor very carefully and have been much pleased with it. The contractions were regular and normal in every respect and after the child was born and the afterbirth expelled the contraction was firm and good, and I have never seen anything but good come from its use. It is undoubtedly a great time saver to the doctor, and leaves the patient in a happy frame of mind because it was so quickly over. (Southern Assoc.)

Eupatorium perfoliatum.

This remedy probably will suit more cases of influenza than any other drug. In many epidemics of the disease Eupatorium is practically a specific, and will do far more than Quinine, Asparin, Salicylic acid or any other drug.—*A. E. Hinsdale.*

TUBERCULOSIS OF THE RIGHT HIP CURED HOMŒOPATHICALLY.

BY NETTIE CAMPBELL, M. D., DAVENPORT, IOWA, FORMERLY LECTURER ON THE ORGANON, HERING MEDICAL COLLEGE, CHICAGO.

MR. C. B.—aged 28—Case has been diagnosed as tuberculosis of the hip by several eminent allopaths and an operation advised.

Patient is a blonde; tall, slim, flat, narrow chest; active mentally.

Family History—Father died of phthisis; mother living and suffering with bleeding hemorrhoids, that at times amount to serious hæmorrhage. She was operated on ten years ago and sphincter ani severed; hæmorrhages are now as bad as ever or worse. She also has had for eight years chronic diarrhœa with no control of the bowels. Hemorrhoids and diarrhœa cured later on by *Tuberculinum.*

One sister; has enlarged cervical glands.

Patient is emaciated; has a very annoying cough, aggravated if too warm; night sweats; temperature at 5 P. M. 103 degrees.

Hip very much swollen, hard as a bone, almost; so painful he screams on moving the foot or even big toe.

Always worse at night, no sleep at night for six weeks and very little through the day.

He contracted syphilis four years before, while a soldier in the Philippines. He also succeeded in suppressing the gonorrhœa after a year's effort, and now has a large indurated bubo in the right groin. Pupils dilated; worse by jar of the bed; worse 5 P. M.; impossible to sleep till 5 P. M.; and very little through the day; pain worse at night.

I assured him that surgery could in no wise effect a cure in that hip, and it was very doubtful if he could be cured at all, since we had a tubercular history to begin with and to this miasm three others were added: gonorrhœa, syphilis and the drug miasm. As the venereal disease had never been cured, only suppressed, it was very doubtful if a permanent cure could be accomplished.

April 30th, 1906. I gave *Syphilinum* three powders of the cm. potency.

There has been no improvement in the least though this was the remedy that acted magically later on, after the gonorhœal and tubercular taints, as well as the drugging, had been reached.

May 3d, Bell. on the three following symptoms:

1st. Aggravated by the jar of the bed.

2nd. Dilated pupils.

3dr. Acute inflammatory stage of the bubo,

There was great relief for two days, but although the remedy seemed well indicated the improvement did not last.

May 7th, Mercurius cm. on the four following symptoms:

1st. Profuse perspiration without relief.

2nd. Dry, racking, fatiguing cough, in two paroxysms, worse at night.

3rd. Bone diseases, worse at night.

4th. Abscess slow in suppurating, although poulticed for two weeks.

May 11th, the bubo softened under the influence of mercurius. On lancing it was so ripe it simply collapsed. The patient, however, seized the lance and caused me to cut a gash an inch long, at the same time cutting his hand. This healed by first intention without especial care, showing the Mercurius was doing its work. I allowed only sterile gauze and water for the dressing, but charged the mother to use bichloride in the water when washing her own hands; in spite of this she carelessly contracted gonorrhœal opthalmia.

Lancing the bubo gave no permanent relief.

May 16th, gave *Tuberculinum* cm. on the five following symptoms:

1st. The tubercular family history, which was the earliest and deepest miasm. (Read paragraphs 5 and 7 of the Organon and see what Hahnemann says.)

2nd. Rise of temperature in the afternoon.

3rd. Rapid emaciation, although eating well, with ravenous appetite.

4th. Cough worse when too warm; night sweats.

5th. Extreme irritability, a new symptom of the last two weeks, but a symptom not to be overlooked.

There was some relief of the cough for three or four days and then it returned as bad as ever. The terrible pain in the hip which caused him to keep his neighbors awake was not better in the least.

May 21st, I repeated the *Tuberculinum,* but no relief, not even of the cough.

May 23d, *Tuberculinum* dmm., but not the least improvement.

The failure of the second and third doses of tuberculinum seemed to show that at that time it could be of no further use.

May 25th, Hepar sulph. cm.

On trying to raise the patient a little in bed he fainted from pain. I now had my first glance of Hepar Sulph. and gave it on the four following symptoms:

1st. Fainting from pain.

2nd. I then recalled how sensitive he was to touch; would hardly allow me to point the finger at the incision.

3rd. Profuse perspiration without relief.

4th. Hepar is also a great antidote for the crude mercury, which he had used so freely in the last few years to suppress the syphilis.

I waited five days with no apparent relief from the action of the Hepar.

May 30th, was called by telephone at 9 P. M.; found the patient fairly screaming with pain in the hip, and his mother almost distracted at seeing his suffering.

He very impatiently remarked, "I don't know what night is made for; *I hate it,* and I used to love the moonlight nights. But from five in the evening till five in the morning is hell on earth to me. If I could only get up and walk the pain would not be so bad."

I thought *Syphilinum* was the only remedy in the Materia Medica that covered these symptoms, and if the Hepar had in any way antidoted the mercury it would probably act now. I gave the cm. out of the same bottle I had used at first visit.

Result—Asleep in twenty minutes; he slept for eight hours, scarcely moving a finger. His mother said many times she watched his breathing to see if he was alive; he continued to sleep most of the next day, with scarcely a twinge of pain in the hip.

In less than thirty-six hours the rash had reappeared on his chest, the mouth was full of mucous patches and even the primary lesion had returned, but I, thinking from the description it was more like a chancroid, which is often found in syphilitic cases that are deeply psoric, where the soft chancroid often takes the place of the true Hunterian chancre.

In less than a week he was able to be around the room on crutches, the swelling in the hip almost entirely gone. No more pain in the hip for six weeks, when I repeated the *Syphilinum* cm. with a speedy relief and no return of the pain.

The mucous patches came and went for five weeks. I counted at one time twelve on the end of his tongue, preventing him from drinking hot tea, lemonade, eating strawberries or oranges. He begged me to use listerine or some mild throat wash, but I told him if he did I would give the case up. I used only the homœopathic remedies all the way through, not allowing the simplest kind of disinfectant at any stage. I explained that I used my disinfectant and began my house cleaning internally, driving the poison out, and not externally, to drive it in, as his former physicians had done.

The incision in the bubo was another source of annoyance. He insisted on the incision being drawn together for fear it would leave such a large scar that he might not be able to obtain his pension; but I explained that the gonorrhœal poison *must* have an outlet, and this was as good as any could have. It discharged for three months and then healed by granulating from the bottom as the gonorrhœal poison was thrown out of the system, and left only a small scar.

In three weeks from the first relief from syphilinum he was out on the street with crutches. In three months he was able to go on the roof at his old trade, a tinner, and the old chronic cough he had been troubled with for years was cured. This is certainly one of the cases Hahnemann referred to in paragraph 45 of the Organon. Be sure to read it.

I believe every remedy used in this case was necessary to complete the cure, though the first dose of syphilinum failed because given too soon, but that belladonna relieved the inflammation, which was acute.

Mercurius cured the gonorrhœa which was still active in his system, as a sub-acute disease, having been suppressed only a few months before, and which was the cause of the acute inflammation. The taints of mercurial poisoning (cured by Hepar) and of syphilis (cured later by *Syphilinum*) could not have been dealt with to any curative advantage if the still deeper hereditary tubercular taint had not been reached by tuberculinum.

Not a single remedy was prescribed except upon the totality of the symptoms.

And for this interesting case I did not receive even my carfare, but I *did* receive what was of far greater value to me at that time, viz., an unshaken confidence in our line of cure; a positive knowledge that suppression is not a cure; that disease is only cured from within out.

After hearing my paper read, Dr. H. C. Allen, now deceased, said, "Doctor, the strongest point in your paper was this—you cured that patient in the reverse order in which the sickness came, thus proving one of our homœopathic laws.

OBSTETRICS.

BY DR. HELEN G. BOND, BRISTOL, TENN.

THE subject of obstetrics is one which has caused a great deal of discussion and much difference of opinion for many years.

A number of writers of high standing in the profession seem to regard the entire subject as an artificial and surgical process.

But when we take into consideration the fact that children were born of women into this life and world long years before the word "Obstetrics" was known to the human tongue and before anything of a scientific process regarding childbirth was understood, we are driven to the conclusion that the subject should be looked upon as a normal physiological condition and not regarded as a case for surgical operation, *i. e.*, generally speaking.

In view of this fact, the writer is constrained to treat the subject of this paper from its logical and natural point of vision; and makes bold to say that the process of gestation from the time of conception to the hour that the child is delivered from its mother's womb should be governed by nature's laws rather than by scientific measures, and that the scientific knowledge of the profession is to be brought into use only as an aid to nature—never as taking nature's place.

To this end permit the writer to say that prophylaxis is one of the most important considerations for the general practitioner, and that

we should begin this prophylactic treatment by meeting every abnormal condition during gestation with carefully selected remedies.

If we wish to secure the full and healthy development of the child we must promote, to the highest degree, health in the mother during the entire period of gestation, not only by enjoining upon her the strictest hygienic regulation, but by treating promptly all disorders of her condition which may arise.

This is, therefore, a subject worthy of the most profound research. If the numerous congenital dyscrasias which threaten human health and well-being are to be annihilated or even diminished it will be through some such process as the judicious treatment of the pregnant woman and the fœtus within her womb.

In normal labor we are supposed to have normal conditions, but abnormal conditions may, in many instances, be overcome by prophylactic treatment and the use of carefully selected remedies.

As to whether the position of the child in utero is directly influenced or changed by remedies is still an open question, but it undoubtedly is indirectly influenced by remedies stimulating and strengthening the muscular fibres of the uterus and improving the general health of the mother. Of these we might name Pulsatilla, Caulophyllum, Macrotin, Nux vomica, Lilium tigrinum, Phosphorus, the Calcareas, Belladonna and many others. The first abnormal condition we are usually called upon to prescribe for is vomiting or "morning sickness" so common in many cases. The use of Sepia 3x has generally been my first choice of remedies, and in most cases has been used with splendid results. Cuprum arsenicosum 6x is the remedy indicated by irrepressible vomiting dependent upon the extreme irritability of the sympathetic nervous system.

Symphoricarpus racemosa is one of the almost unfailing remedies, while Pulsatilla, Arsenicum, Nux vomica and Ipecac may be used according to the leading indications.

In a number of cases where the history of previous labors show deep, underlying dyscrasias the opening wedge to a normal and easy confinement seemed to reside in the use of the indicated remedy at the time of the "morning sickness."

Ischuria, or pain and difficulty in voiding the urine, is a frequent attendant upon pregnancy, when accompanied with tenesmus vesicæ, Nux vomica 12x is a specific. If, however, this condition is associated with tenesmus of the rectum, Arsenite of Copper may be administered.

Where the dysuria is due to retroversion or anteversion of the uterus this organ should be restored to its normal position at the earliest possible moment. In the treatment of the rash or eczema, which often makes its appearance in the early months of pregnancy and very often during the last month, Sepia will be found to be almost a specific.

Pruritus, or itching of the external genital parts, is often a source of extreme annoyance, the causes of which are not always apparent. It may be attributed to the secretions from the mucous membrane of labia or vagina; or it may arise from the want of proper cleanliness. Therefore the utmost cleanliness should be enjoined.

After a thorough cleansing an application of Bichloride of Mercury, 30 grains, to 16 ounces distilled water, may be applied once or twice in the course of the day; or a solution of Borax, 2 drams, to 8 ounces of distilled water, if preferred.

The loaded state of the bowels, so common in pregnancy, and the pressure of the gravid uterus often give rise to troublesome hemorrhoids. For the relief of these Hamamelis Virginica may be given internally and also externally applied. Æsculus hippocastanum is also an important remedy, and Aloes soccotrina is strictly homœopathic to this condition and may be used with excellent results in cases of hemorrhoids following parturition. I have found the surest and quickest remedy for the relief of hemorrhoids to be the local application of Hamamelis Virginica combined with 3 per cent. Adrenaline and 3 per cent Cocaine, renewing the application every three hours until patient is relieved.

Insomnia and nightmare, in which the approaching confinement may be lived over and over again, accompanied with great suffering and terror naturally overshadows the waking hours; discourages and unfits the patient for the approaching climax to which she should be encouraged by every possible means to go forward with the hope of a normal ending to her pregnancy. In these conditions reference may be made to Sulphur 30x, Calcarea carbonica, Belladonna, Nux vomica, Arsenicum and Phosphorus.

Some women suffer with a bearing down sensation, as if everything were issuing from the vulva. This is often associated with a severe backache, worse in the morning. Belladonna and Viburnum prunifolium will be found to be useful remedies here.

Great alleviation from suffering arising from the pregnant state may be found in the daily sitz bath of about twenty minutes' duration in lukewarm water. At the time of confinement the physician should have all his clothing covered with a clean, white surgical gown, reaching nearly to the floor. Care should always be taken to have the patient in the very cleanest condition, with the bladder and rectum emptied, and the vulva thoroughly cleansed with an antiseptic solution.

It has been my experience and observation

that the general use of forceps is unnecessary and should be discouraged except as a last resort.

A bandage of stout white drilling about nine inches wide and two and a half yards in length carefully and closely applied during an interval between pains will often, in fact, nearly always, bring the most successful and gratifying results, and render the use of the forceps unnecessary in most cases. As labor progresses this bandage will need to be readjusted and tightened, pinning carefully with large safety pins.

In rigidity of the os uteri we find the use of Belladonna efficacious, and if in connection with this condition there is a tendency for the pains to go upward, Gelsemium is the remedy; giving about 5 drops of the tincture every ten minutes for a few doses.

Every pregnant woman will be encouraged by frequent assurances that all is well as the important period of confinement progresses, and in order to be successful in obstetrics the physician must be reassuring, gentle in manner, firm in his directions, and possess an unlimited amount of patience and tact.

Some patients are greatly helped by careful manipulations during pains; others cannot bear the slightest touch. In such cases too frequent examinations should not be made.

Perineal lacerations may be avoided by supporting the perineum with the right hand, keeping the head well forward against the symphysis pubis, at the same time holding back the head with the left hand and directing the patient to stop straining, as a slow delivery at this point is greatly to be desired.

Nature appears to urge the woman to assume the most advantageous position for the expulsion of the child, and any general rule in this particular will not avail in all cases. As much of the expulsive power of the uterine contractions may be wasted by pressure of the part against the pelvic walls, and as the passage through the pelvic cavity is not a straight, but a curved line, the position may need to be changed from time to time.

The cord should not be severed until pulsation ceases, and should be carefully examined lest a portion of the intestines be included in the ligature.

If the placenta does not come away, say, within from ten to fifteen minutes, the use of the Credé method for its expression is advisable; or the Dublin grip with the insertion of the little finger in the umbilicus which, while exceedingly painful to the patient, will almost invariably bring about the expression of the placenta.

The state of inertia or semi-paralysis of the intestines, with pyrexia and headache, which sometimes follows labor should have our careful attention. The use of a copious saline enema and hot antiseptic vaginal douche is usually all that is necessary with the administration of Bryonia, which not only reduces the temperature, but also relieves the mammary engorgement and increases the flow of milk.

In closing this paper, allow me to suggest that if more conservative methods were observed in the practice of this important branch of our profession—"Obstetrics"—characterized by strictly aseptic conditions, there would be fewer cases of semi-invalidism among our mothers and fewer nursing bottles for the babies—the bane of a child's health and happiness—with their train of colic and crying, constipation and infantile scurvy, rachitis and other kindred diseases, resulting in the blighted physical development of so many children in our homes of today.

PUERPERAL SEPSIS.

BY H. E. KOONS, M. D., DANVILLE, VA.

I BELIEVE greater results have followed the discovery of sepsis in this branch of medicine than any other, with the single exception of surgery itself. Before asepsis was given its rightful position and due importance in obstetrics, puerperal sepsis or, as the laity calls it, "Child Bed Fever," was a very frequent and a very justly dreaded disease. Being ignorant of its cause, they were very unsuccessful in its treatment. All kinds of explanations of the phenomena of the disease, some of them utterly ludicrous and absurd, were handed out to the credulous family to cover up the track of the poor medico, who, himself, floundering in darkness, was of necessity a poor dispenser of light. God alone knows how many innocent victims of this dreadful disease were carried to an untimely grave, who, in the light of present day knowledge should be and generally are saved. No one can deny that with our knowledge of asepsis and with the agents at our command that the disease should never occur; and yet it does occur, and that many times, in the practice of all of us if we are honest enough to confess it. I have known physicians who would not confess to having a case of sepsis even if they knew that they had, believing wrongly that to confess it to his patient or her family was casting some reflection on him. I believe that more credit attaches to a doctor who promptly diagnoses his case and proceeds vigorously to treat it than to one who resorts to transparent subterfuges in order to avoid acknowledging that his patient had in some way become infected. I had a case about two years ago which illustrates the point I am trying to make. I was called to see a case which the physician who preceded me called la grippe and malaria. I found all the symptoms of puerperal sepsis and told her so, and after a careful examination demanded a curettage, and the permission was cheerfully granted, and the

woman made a prompt and gratifying recovery, and I have been their physician ever since. In this case, if the first man had told her she was infected and needed operation, she would have consented and he would have still been in good standing with her. Therefore, I say, be honest in this matter as in all others and I believe it will pay. The mere fact that the woman is infected does not prove that you did it; in fact, you will seldom be blamed with it unless there is found on operating that some placenta has been allowed to remain; and even then it is easy enough to make some reasonable explanation of that, provided always that you promptly proceed to do something to get your patient well.

ETIOLOGY.

Its etiology is embraced in one word, "dirt." Of course, not always "GROSS" dirt, not even always dirt of your introduction, but yet somebody was dirty around the woman in some way, or else a dirty endometrium existed before labor set in and caused a resulting infection afterward. Possibly a dirty towel to wipe on, a dirty cover next to the woman or that came in contact with your hand in examining and I think that is a frequent cause in private practice; possibly the woman was not herself clean before your examination; possibly the bowels moved during some of the last pains and neither the patient nor yourself were aware of it; possibly the water contained some poison not neutralized by your antiseptic; any or all of these things or a dozen more may account for it, but in the final analysis we return to our first assertion, some form of dirt in some manner was, by somebody, introduced into the parturient canal, or the endometrium was already dirty and the lymphatics being ripe for absorption seized it hungrily and the dreadful results quickly followed. Much has been written about the germs which cause this disease and pathologists are by no means agreed, but the consensus of opinion seems to lay the blame on the streptococcus and staphylococcus. Personally, I believe it is a mixed infection, for I have used the antitoxins for these two bacteria without success. But for all purposes it suffices for us to know that there is a bacterial infection. I believe that a weak, debilitated condition from a variety of causes is, in a large measure, responsible for the successful invasion of the mucous membranes by the bacteria and thence to the lymphatics. Given a woman in good strong condition and a moderate degree of infection will be successfully repulsed; but when the general health has been lowered through any or all of the variety of causes capable of lowering it then a very slight infection will cause a sepsis out of all proportion to the infection.

SYMPTOMS.

The symptoms are, of course, familiar to you all, but in view of their great importance will bear repeating here. The patient, the first day or two, may show absolutely no signs of trouble except, in my experience, they will nearly always complain of soreness in the lower abdomen. I have found, in many cases, that although they show no other symptoms of infection during the first three days, they will always complain of this soreness in the region of the tubes and ovaries. On the third to fifth day they will nearly always have a decided chill followed by high fever, increased soreness of the abdomen, distention from gas, soreness of limbs and back, suppression of the lochia or a foul smelling vaginal discharge, headache, coated tongue, loss of appetite and a dull, besotted expression of face. Of course, not all of these symptoms appear in every case, but the majority of them are to be found in the majority of cases. The fever will run to as high as 104 in the evening and dropping to 100 or 101 in the morning, thus giving color to the diagnosis of malaria, which I mentioned before. Sometimes the chill is absent, but rise of temperature, abdominal soreness, foul smelling or suppressed lochia calls for, nay, demands an investigation of the parturient canal. On examination the os is found patulous and easily dilatable, the fundus too large and boggy and usually a doughy feel in the cul de sac. The vagina is sometimes coated with a false membrane, but this is not usual in my experience. Altogether the diagnosis is not difficult if the doctor is careful and honest with himself and his patient.

TREATMENT.

The treatment is principally surgical. By that, I mean that after you have used every prophylactic measure you know, you find yourself facing a case of puerperal sepsis then your principal hope lies in your surgical ability. By this, I do not mean to under-rate the value of the homœopathic remedy, but as the cause is dirt and the disease the result of dirt, then the only commonsense way to cure it is by removing the dirt and its consequences as soon as possible. And the only way to do it is by a thorough cleansing of the whole canal with a good, dull curette. I have tried, in my early practice, to cure this disease with internal remedies and after a thorough trial have had the mortification of seeing one of my old school friends walk in and cure the case by a good, thorough curettage and thereafter do the practice in that family. It is now my invariable practice, as soon as I have diagnosed a case of sepsis, to do a good curettage and then follow it with such remedies as Echinacea, Belladonna, Arsenicum or Nitric Acid. I order a good, generous douche of hot salt water, night and morning; give Calomel, 1/6 grain, every hour until bowels open or until 3 or 4 grains have been taken, or Podophyllin, 1/6 grain, every hour, for 4 or 5 doses; give liquid diet every 3 hours; prohibit company; keep patient quiet

and invariably get a quick and gratifying recovery. A few years ago I had a case of sepsis who absolutely refused to let me curette her in the beginning or do anything else like I wanted to, but after I had been discharged, in the third week, permitted my successor to do it and died, because the infection had gone beyond the uterus and the curettage did more harm than good. This woman's case was peculiar in that she had a chill the night she was taken in labor, while her husband had gone to telephone for me. Her labor was almost completed when I got there and I only made two or three examinations and they were as aseptic as I could make them. I believe this was a case of diseased endometrium causing premature labor and a resulting sepsis. I am firmly convinced that if she had permitted me to have curetted when I wanted or had not been curetted after she had a tubal abscess she might have been living today. She should then have had an abdominal incision and good drainage. I have a case in the hospital now who had a miscarriage with the worst adherent placenta I ever saw, who got along splendidly for two weeks and left the hospital. On the 14th day she was taken with a chill followed by a temperature of 105 and in a few days a tubal abscess. On vaginal examination I could feel a large tumor well up in the cul de sac and more on the left side, which by the third day was plainly evident on abdominal palpation. I did not curette because I knew that infection was in the tubes and it would do no good. Neither did I operate at once as I did not want to cut into the acute condition. In about two weeks I got her as well as it seemed she would get and as improvement had stopped for several days I decided to operate. Assisted by my colleagues, Drs. Jennings and Johnson, I made a central incision and found a large indurated mass filling the left side and extending over the right and including in almost inextricable confusion the uterus, the left tube and ovary and a portion of the right tube and several folds of the small intestine and one or two of the large. I separated the parts as carefully as I could, opened and drained the pus sack, but found, to my chagrin, that one portion of the large intestine had either been destroyed by the pressure of the pus or torn by me in my manipulations, and as it was already nearly gangrenous I repaired it with many misgivings. She has made a slow recovery, but with the exception of a small fecal fistula is now in splendid condition and will soon leave the hospital. If this woman had been curetted instead of opened and drained she would have certainly died. Considering the desperate nature of the case we think the fecal fistula a small matter, especially as that is rapidly closing up. I have recently treated a case in which curettage was applicable. She was weaker than she had ever been in her other two pregnancies and had two slight hemorrhages from the uterus of dark, stringy and offensive blood and for weeks before labor had had an offensive vaginal discharge. Like the first case I mentioned, she had nearly completed her labor when I arrived. Position and presentation normal and we all thought she was all right, but next day her temperature was 100 and each day her evening temperature went up a degree until it reached 103 when I decided to operate. She had not had a chill, but she did have fever, abdominal soreness, suppression of lochia and the sepsis facial expression and her uterus was boggy and the os patulous. I did the curettage in the usual way and found no placenta nor membranes, but the whole endometrium was in a fungoid state and the whole uterus was soft and boggy, so much so that it was difficult to get the hook to hold in the degenerated tissues. The next day the temperature fell to 100 and the following day it was normal and in a few days the abdominal soreness had left entirely and she was on her feet. This is the usual result if your cases are taken in time. I could enumerate a number of similar cases to the last one which have occurred in my seventeen years' work, but one illustrates as well as a dozen. In summing up I would emphasize these few points:

First, do not evade the diagnosis and try to convince the family and yourself that it is only malaria, la grippe, bad cold, milk chill, etc., but face the situation squarely and make a thorough physical examination and then tell the truth and you will gain by it in the end; second, if symptoms of sepsis appear do not procrastinate, but curette as soon as you are satisfied of your diagnosis; time is a very important factor and a few days' time lost after the diagnosis is established will frequently mean a laparotomy instead of a curretteage; third, remedies are much more efficacious after a curettage than before, because you have removed the mechanical impediments to their action and therefore given them a clear field for their action; lastly, do not curette a womb after a tubal abscess has formed unless, at the same time, you do a laparotomy and secure free drainage supra-pubically. I always clean out the womb when I do a laparotomy because of my desire to have everything right at once if possible.

Of course, this is merely skimming the subject, but it is about all I can do in the time allotted me and while the subject is old, and commonplace and nothing new or startling has been introduced to your attention; I make no apologies either for the triteness of my subject nor for the fact that none of the methods are new, but I maintain that no subject of more importance to our work, as general practitioners, could have been chosen; nor one that properly understood will help us more in our daily work, and if one man shall return to his field of work more able to

cope with this dread of all conscientious obstetricians and thereby saves one sweet woman's life, which otherwise might have been lost, then I shall feel that my selection was wise and our time well spent.

WHAT IS THE STANDARD OF HUMAN EFFICIENCY AND HOW SHALL WE MEASURE EFFICIENCY?*

BY FRANK F. CASSEDAY, PH. B., M. D., PORTLAND, OREGON.

WE hear much in these latter days about the improvement of the race.

The main stress is placed upon the purely physical, though Montessori, with her new method of child training, is opening a new field for individual development of the mind and, at the same time, demonstrating the great defects of our commonly accepted school training methods, while the moral training of humanity is passed over lightly in our educational system and for the most part left to religious teachers of the different religious sects.

Efficiency in the human individual may be defined as the power to produce a desired result. Efficiency in the savage, like our Igorrotes and Negritos in the Philippines, reaches its highest development in providing for the purely physical wants and defense. Among the most highly civilized human beings efficiency is very complex, ranging from the power to secure the most evanescent of senses and the gratification of all the physical appetites, more or less mental development, and, incidentally, sufficient moral sense to observe the rules of conduct laid down by civilized nations. But reduced to its lowest terms, efficiency among all races and conditions of men means the power to provide for physical wants and for defense. All other wants are more or less artificial, the result of indulgence, appetite or imitation.

Reason and religious feeling (or the worship instinct) have been the guiding forces of the human race, but seldom have both been dominant at the same periods. In their influence they have swayed and dominated men all through the ages for varying periods like the tides of the sea which ebb and flow. Even among early races of mankind the worship instinct has remained intact, but its concrete form in religious rites was always marked by brutality, sensuality, and degradation, never did it serve to give a moral uplift, or serve as a guide to better conduct. As procreation is a constantly acting force to secure perpetuation of the race, and as elemental as a desire for food, so we find in many early races and in different climatic conditions that the procreative act has been a part of the religious rites, and many of the emblems of ancient religions can be traced to effigies of the organs of procreation.

While, on the whole, the effect of all forms of religious worship has been more or less beneficial, yet some of the most appalling crimes in history have been commtited in the name of religion, and the worship instinct of humanity has been played upon and exploited all through the ages by designing men. Primeval and savage man sought to appease angry gods, and the fear idea came down through the centuries, and has been the handy weapon in the hands of keen and unscrupulous rulers, and religious sects to enhance their own power and enslave humanity.

Up to the Christian era, Paganism, in its different forms, was the dominant religion, whether the worship of Apollo, in the Roman empire, or the forms of worship of Greece. In all was the constant presence of the Sybil or the Sanctuary, where individuals went for guidance, as to all affairs of life, and often of the future, presided over by crafty men who were prompt to use the credulity of the masses to their own purposes. In Greece this undoubtedly promoted unity of action and purpose among the different Grecian states or cities and in the main was more helpful than harmful. Again, perhaps, some such device was a necessity in controlling the passions of men just emerging from a semi-barbarism. In any event it was a powerful factor for improvement among the Grecian states, as it promoted unity, and enabled the Greeks or rather the Dorians and Ionians, as they were termed, to develop that wonderful love and handicapped for art and architecture which their contact with Persia and other warring nations first aroused. The development of the Confessional in another sect, at a later period, some time after the beginning of the Christian Era, was a logical imitation of the Pagan Sybil and served the same purpose—namely, to gain knowledge of the affairs of men and especially their transgressions of the civil and religious law to increase the hold of the religious organization upon the individual. Again in the early Christian Church it was a necessity to control the terrible passions of warring humanity by some such device, but like all such devices it led to internal abuses, degradation and debauchery, for thus do men become drunk with too much power. In Rome the worship of Apollo was essentially sensual and degrading, and in no sense served to uplift humanity to a higher plane of conduct.

In the Sixth century B. C. the various Schools of Philosophy arose and flourished and Reason assumed sway over the race while religious feeling and worship declined. The great Schools of Syracuse, Ephesus, and Alexandria were doing their work and teaching men to think and develop their minds and the philosophers of that

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age devised geometry, devised and formulated the rules of logic, formulated an abstract science, were the fathers of medicine and surgery. The Domination of Reason continued until the Christian Era, when the revived Platonian School was in the ascendant.

With the advent of the Christian Era the reign of religious worship of a different type began to sway humanity. From a cold formalism with pagan rites religious worship and feeling swung to the other extreme and religion became a system of ethics and a guide to personal conduct.

The origin of the religion or system of ethics of the Chinese and Mongols is lost in antiquity, but its persistence through the ages and its radical difference from the various forms of Paganism mark it as one of the most remarkable forms of worship and ethics ever devised by man. The individual is not the unit in China, but the family and the head of the family is responsible for the acts of each member of the family and must meet every obligation of the individual members. Further the system of ethics is closely related to the Emperor, as the head of the entire system, and Vice-Regent of Heaven. The persistence and vitality of the Chinese religions, for they assume various sects or forms, is due to the fact that it touches and influences the individual in every walk of life and in each relation of life, and is not a thing apart to be taken on and off like a coat.

The religion of Japan is simply a System of Ethics or guide to moral conduct, and has no relation to personal conduct, as between man and man, except in the most casual way. If the educated and higher classes in Japan ever adopt Christianity it will probably be a matter of policy rather than of belief. With the common people the adoption of Christianity is largely advanced through the medium of schools and medical attention in China, Japan and in India.

With the passing of the Feudal System civilized nations adopted the Competitive System. If the world really makes any further advance the Competitive System must be superseded by some other system. In Medieval times the Feudal Barons lived in their walled and fortified towns and castles. The only law was force, and the strong survived. With our Competitive System the strong still control the weak. It is not the vulgar method of the middle ages to sally forth with a club, but the assailant comes with honeyed words, and beats down and destroys his competitor without striking a physical blow. The cold-blooded, heartless cruelty still controls humanity, as it always has done, from the remotest antiquity. The method only has changed. We send missionaries to convert so-called heathen nations to Christianity. We tell them of the brotherhood of man as taught and practiced by Christian nations, and we know it is only parlor talk, and mere lip service. We do not mean it, and do not believe it is true, for morality of business to-day is at lower ebb than it ever has been. The mere keeping of contracts and paying debts is no evidence of decent business methods, men must do that for self preservation. But in the wider sense lack of consideration for our fellow men in the business rush for wealth and the ruthless trampling down of opposition by any and all means is the natural and inevitable result of our competitive system. As a psychological sutdy the present inventive age and period of the extension of commercial enterprise has created a condition in the human mind akin to an obsession. The inordinate desire for the acquisition of wealth is born of a desire for power which wealth is supposed to give, and a fear that wealth, as a provision against physical suffering and defense, will fail us and leave us broken if we do not constantly strive for more. There never was a greater fallacy voiced than the old cry that competition is the life of trade. If a larger proportion of humanity were free to exercise their nominal activities and pursue vocations which they really loved the net gain to the world in every line of work would be far greater. As long as humanity is harassed and hampered by the eternal battle for sustenance, and fighting his fellows, just so long will the world continue to produce the by-products of revolution, unrest, war and poverty.

Why these references to man in various ages and under different conditions? Simply this. To determine, if possible, some of the factors which have influenced his life, and made him the sort of man history shows him to be. After all man has made little progress since his advent on earth. True he has taken on a thin veneer of so-called civilization, but at heart man is a savage and his instincts are just as brutal, just as cruel, just as unrelenting, just as selfish, just as ready to fight as were his savage ancestors, just as cunning and deceitful. Association and fear of attack keep him in subjugation, to a certain extent, but when his elemental passions have full play he is the same savage as his ancestor, the cave dweller, with the difference wholly in favor of the ancestor for the cave dweller and the savage waged their battles for sustenance and in defense.

Neither ethics, philosophy, Religion, nor mental training has made man any more kindly or considerate, for in all ages we find him the same elemental savage.

How then shall we train our young to be efficient, and what is efficiency? Mere physical perfection may leave our youth strong like the Spartans, but tricky, cunning and deceptive, as were the latter. Mere mental training may leave them at the mercy of the stronger man and they will be broken in the end. Mere moral training may produce both physical and mental weaklings. What our young need, what we all need,

is a sane mind in a sane body, and to learn that fair co-operation in all things will lessen the waste of our present competitive system. The strong arm of the Government, as far as our nation is concerned, must lead in national co-operation, for unfortunately with our present debased standards of pillage we cannot co-operate honestly, as the inborn trickery inevitably comes out and the movement fails. Hence I conclude that any movement to increase human efficiency mentally, morally or physically will fail to uplift humanity unless real human co-operation is secured and our present competitive system is utterly destroyed.

I am neither a socialist nor a reformer, merely a philosopher, but I feel that unless the axe is laid to the root of our world-wide disease our efforts at improving the race will all be in vain.

516 Dekum Building.

AN ATYPICAL CASE.

BY SHELDON LEAVITT, M. D., CHICAGO.

A MAN of sixty years, of robust look and with a history free from more than one serious illness in many years, was taken with gastric symptoms of no great severity on Thanksgiving evening last. He had never been a heavy eater, though his appetite was usually ample; and he had not eaten more than usual on the day he was taken. His dinner was eaten at home; and, as no other member of the family suffered any inconvenience, it is not likely that his disturbance was due to any particular article of food forming a part of the menu.

The first symptom was that of a load in the stomach, and it was followed, after a time, by nausea and vomiting. The latter did not occur, however, until the ingesta had left the stomach, the vomited matter being, at first, gastric secretions, followed later by some bile.

On the two succeeding days he went to his office as usual, though his appetite was *nil*, and he had some gastric and abdominal distress. The bowels continued to move, as usual. On the afternoon of the second day vomiting returned and became persistent. It was at this juncture that I first saw the case.

The patient was in bed, and the most conspicuous sympotms was the vomiting. There were some sensitiveness and pain in the abdomen. At that time the epigastric area was chiefly involved, though he could not be touched anywhere without flinching. Moderate tympanites; marked nervous restlessness; temperature 99 3/5°; pulse 80; lightly coated tongue.

He received *Arsenicum jodatum 3x,* and an enema. Mustard was applied to the epigastrium.

On the succeeding day he was about the same, vomiting at intervals. Had slept a little during the night At night the temperature reached 100°. As he was restless under the pain, which was disposed to be aggravated at intervals, he received *Morphium sulphuricum, 3/16 grain,* hypodermically, and obtained considerable sleep. But, during the early morning, finding himself with more pain, he began to fear appendicitis, though I could discover no indications of it.

At 1:30 o'clock Dr. H. R. Chislett met me in consultation and made a diagnosis of infected gall-bladder. Thick and sensitive abdominal walls made a diagnosis difficult, but the location of the greatest sensitiveness to palpation appeared to favor the pronouncement. Dr. Chislett advised his immediate removal to the hospital, the question of early operation to be settled by the report of Dr. W. H. Wilson on the blood and urine, an abbreviation of which follows:

BLOOD.

Hemoglobin, 98 per cent.; red blood corpuscles per c.mm., 5,550,000; color and rouleaux formation, normal; white cells per c.mm., 39-600; lymphocytes, 10 per cent.; large mononuclears, 3 per cent.; neutrophiles, 87 per cent.; blood pressure (right radial), 115.

URINE.

The abnormal constituents were albumen, a large trace; bile, a small trace; granular and hyaline casts, a small number.

It will be observed that the leucocytosis was excessive; and, as a single symptom in connection with such a diagnosis, it constituted a loud call for operative interference.

I did not, at any time, feel convinced that the gall-bladder was involved, but inclined to a diagnosis of gastro-enteritis, and deemed it wise to call *medical* counsel before sending the patient to the hospital with the expectation of an operation. Accordingly, at 6:30 o'clock, Dr. H. V. Halbert saw the patient with me, and, while admitting the possibility of cholecystitis, he was not convinced of it. He accordingly advised delay. To still further strengthen whatever action should be decided upon, Dr. Arthur Edwards was invited to join us and responded at once. He also advised delay, and I reported the result of the consultation to Dr. Chislett, who still insisted that in delaying, when the leucocyte count was so high, we were taking heavy responsibilities.

Shortly after Dr. Chislett's departure, at about 3 o'clock, vomiting ceased, and the patient became more comfortable, though just before the visit the distress had been so great that he was continually on the move and complained bitterly. That night he received *Morphium sulphuricum, one-fourth grain,* under the skin.

From that time onwards his recovery was rapid and uninterrupted. Eight days after the consultations he went to business in comparative strength and comfort. Before allowing him

to do so I made a careful palpation of the abdomen and found no evidence of an enlarged gall-bladder. I also had made another examination of blood and urine with the following results:

BLOOD.

Hemoglobin, 74 per cent.; leucocytes, 14,800; pressure, 115.

URINE.

Albumen, casts and bile absent; specific gravity, 1020.

The mere recital of a case is of little value. The relator, who cannot, no matter how skillful in his use of the English language, lay all its values before the reader in as lucid a way as he himself sees them, is in duty bound to analyze the symptoms and then bring them together in a synthesis which shall best express what they really teach.

I attended this man in his illness of the previous spring, and in subsequent treatment learned his mental and physical peculiarities, so that I had the advantage of the gentlemen who were called in consultation, though I attempted to make every explanation to them that lay within my power. But what we do not see for ourselves is apt to be passed over lightly, and the disease picture in its immediate ensemble is allowed to exercise a controlling influence. So it was, I suppose, in this instance.

In his former illness the attack began with an influenza, which continued for three or four days before the gastric symptoms set in. For some years previously the patient had experienced a sense of discomfort, occasionally amounting to real pain, extending from the fifth left intercostal space downwards to the margin of the ribs. Dr. Frank Billings had led him to believe that there was some cardiac lesion, without really saying so, and the fear of impending trouble had served to keep him in a continual state of apprehension. Succeeding the primary influenza there was an aggravation of this left-sided pain, and then there followed a prolonged period of nausea and vomiting, such as I have mentioned in connection with this later attack. In the first instance the temperature mounted to 102°, but remained in that vicinity not longer than twenty-four hours. In the recent attack, as I have already said, it did not go above 100°. After the first, as well as the second, attack, that is to say, after the acute symptoms had passed, there were frequent stools consisting chiefly of mucus and water, but no blood.

At the height of the first attack, Dr. Halbert saw the patient with me, and was able to discover nothing more serious than a gastro-enteritis. The left-sided pain could not be satisfactorily explained as anything more than a neuritis. In the last attack there was no pain whatever at that point, and for a long time past even walking has not sensibly excited it, unless the movement was at an unusual pace.

During the first attack no examination of either blood or urine was made.

Throughout the last illness I was under the impression that the conditions were substantially those of the first attack. The antecedent influenza, which formed no fundamental part of the first illness, was absent; but the nausea and vomiting, the diffused abdominal tenderness, the low range of pulse and temperature, the stools and the general impression of the case were very similar. Since recovery has taken place I am fully convinced that they were quite in accord. I do not doubt that had I called further surgical counsel Dr. Chislett's views would have been confirmed by them, for the truth is that surgeons fall into a way of looking for lesions which demand surgical intervention. It could hardly be otherwise. Having made a diagnosis of infected gall-bladder and having learned the existence of extreme leucocytosis I do not wonder that he insisted most strenuously on operating. When any of us start with a wrong premise it is easy enough to build up a most logical argument in favor of what we propose to do. The medical consultants agreed with me that the report on the blood fitted into the diagnosis of gastro-enteritis just as snugly as into that of infected gall-bladder, while in the one case it called for waiting and watching, and in the other for immediate surgical intervention.

My only purpose in reporting this case is to emphasize again the wisdom of going slow when the proposal to operate involves a plunge into fresh and peculiar dangers, provided diagnosis is not absolute and unequivocal.

THE MAGNETIZED CLUB.*

BY R. DEL MAS, PH. D., M. D., HUGO, MINN.

PHOSPHORUS, or empty Beau Brummel, so-called because of his affectation in dress, and his weak, empty, all-gone sensation in head, chest, stomach and abdomen, remained in bed because of an ulcer in the stomach, with swelling of the liver, and vomiting of blood and mucus.

He was weak and trembling, prostrated, bodily and mentally:

Having already lost much of his vital fluids: semen and blood;

Blood from nose, the lungs, the urethra, the rectum and the skin.

He is a "bleeder" from all the orifices of the body, resembling Crotalus horridus, Lachesis and Sulphuric acid, as "a bleeder whose blood refuses to coagulate."

There he lay in bed, with eyes hollow, sur-

*Written for the Southern Homœopathic Medical Association Meeting, Atlanta, Georgia, Nov., 1913.

rounded by blue rings; lids puffy, swollen, twitching, itching;

Conjunctiva dirty yellow;

Vision dim, but better in morning and in the twilight, especially by shading the eyes with the hand;

Visual field dotted with floating black points;

A green halo or a halo of colors around the light, in the evening;

Red sparks at night when falling asleep.

For many years he had noticed his vision was dim after coition (Kali-c., Sep.), and when reading (Sil., Sulph.).

His right EAR was red and hot; the left, pale and cool.

Sensation of something before them;

Difficult hearing, with:

Re-echoing of his own and others' words, rendered unintelligible the human voice (Sulph.);

But curiously enough, his hearing, as also the other senses, was very sensitive to external impressions.

Light, noise, odors and touch were unbearable.

Naturally delicate and sensitive, resembling Nux-v. in many respects; not lacking irritability, as is Opium.

Flowers had been removed from his room (although he was fond of them), for their odors made him so dizzy.

His nose was shiny, swollen, sore in the dorsum, dry inside,

With polypi that bleeds easily.

Sneezed frequently, and dreaded this, for the accompanying pain in the throat.

FACE.

THE FACE had a sickly, weak expression.

Was pale of color, with a tinge of yellow.

Twitching was visible in his sunken cheeks.

Anxiety and sadness, weariness and apathy, were vividly depicted in his countenance.

MENTALLY.

He was weary of life, crushed under a heavy burden of gloomy forebodings.

He was unwilling to talk, or answered slowly.

Fear of death,

Of robbers,

Of thunderstorm,

Of darkness,

Of ghosts,

Of insanity,

Of evil,

Of the future,

Of impending calamity.

were constantly with him, not allowing him to remain alone.

Miserable when nobody was with him.

His wife was at his bedside almost constantly,

Soothing his pains and nervousness by gently rubbing his limbs or running her hands through his hair.

He craves to be rubbed and magnetized.

A few years ago, he and his friends, Calcarea, Silicea, Lachesis and Natrum carbonicum, established the Magnetized Club, of which PHOSPHORUS has been the president since the very beginning.

WIFE.

Mrs. Phosphorus was pregnant. Her face bluish, swollen, full of freckles, had a very sympathetic expression; she is very affectionate.

Her golden hair and her tall, slender body seemed to indicate a weakness of the thoracic organs.

Palpitation of the heart overcomes her on slight exertion.

At night when she lies on the left side, and:

During menses.

Her physician has found systolic blowing sounds.

Bright red, copious and intermittent menses, liable to appear in pregnancy, were absent for a time in girlhood, but:

She then developed chlorosis,

Vicarious bleeding from the nose, the chest and the stomach, and:

Pleurisy with effusion.

She had a surgical operation for empyema.

THORAX.

Last year she suffered from a left-sided pleuropneumonia, with:

Heaviness of chest, as if a weight were lying on it, and:

Inability to lie on the affected side:

With a chronic bronchitis, and:

Intermittent attacks of laryngitis;

A pain has remained in the left lung, since the pneumonia.

She coughs whenever she talks, laughs, reads aloud;

When she drinks, eats, or:

Enters from the cold air into a warm room; but:

Especially if she lies on the left side.

She was a fine singer, but the condition of her larynx now prevents singing:

It is so painful, so hoarse; yet

After spitting out some mucus, she can sometimes sing one of her beloved songs.

Every evening, when soft and mellow twilight brings relief to the sad soul and suffering body of the PHOSPHORUS, she becomes hoarse or loses her voice entirely.

HANDS.

Her hands tremble when she reaches out, and after using them;

Whenever she puts them in water, cold or warm, her carious teeth ache.

Her hair has fallen out in bunches;

She has had alopecia areata and seborrhœa-sicca since she can first remember.

EXTREMITIES.

Her extremities are blue;
The nails hard and dry.
Numbness appears alternately in her arms and legs.
She says she always feels heavy;
Hands and feet are cold and heavy, and bathed in cold perspiration.
The PHOSPHORUS FAMILY is very chilly and of profuse perspiration.
They cannot stand a draft of air, nor cold of any kind;
Comforted by a warm bed, a warm room, and warm wraps (not woolen, for this pricks their skin).
Withal, they want cold applications to their congested heads, and:
Cold water or ice for their irritated, atonic stomachs, which reject the fluid so soon as it becomes warm.
Summer brings to them gastro-intestinal troubles.

PERSPIRATION.

Their perspiration is cold and clammy;
Appears after eating;
From warm food and drinks (which they hate);
From slight exertion;
From anxiety,
From cough, and:
During sleep.
It is offensive; sometimes has a sulphurous odor;
Oftentimes it is one-sided.
It always weakens them.

FEVERS.

THEIR FEVERS are intense and dry.
> cold drinks;
Often have a typhoidal or continued aspect;
May present internal heat with external chill, or:
Follow a zymotic line, such as their children displayed in their exanthemata;
May have yellow fever.

BLOOD.

THE BLOOD of our PHOSPHORUS friends is very septic, or prone to develop septicemia.
IN THEIR SKIN we find freckles, nævi, petechiæ.
Erysipelas, purpura hæmorrhagica,
Jaundice, ecchymoses, blood-boils,
Brown liver-spots,
Eruptions of all sorts,
Ulcers that burn and bleed,
Painless, or with a suppurative pain and a shiny appearance.
The cicatrices become painful and break open;
The skin resembles goose-flesh.
Feels loose, as if it were hanging.
It indurates and forms nodules.

INFLAMMATIONS occur in the bones (leading to necrosis),
In the glands (abscesses and fistulæe),
In the nerves,
In the spinal cord,
(Spinal irritation with burning between the scapulæ;
Locomotor ataxia;
Paralysis after getting wet;
Constriction in the lower limbs; periodical in the fingers;
Paralysis of the right side of the face).
Inflammation occurs also in the serous membranes:
(Pleurisy, appendicitis, peritonitis, enteritis, nephritis,)
In the mucous membranes:
(Secretions much increased).
They develop gangrene internally.

PECULIAR CONDITIONS.

Here and there you can find exostoses,
Emaciation of the affected parts,
Itching of the paralyzed parts, and:
Formication and pulsation.
Pulse is weak, rapid and compressible.
WEAKNESS is nervous and cardiac:
They are faint after stool (emptiness of abdomen after stool);
Also, in a crowded room:
(Their hearts want fresh air), and:
During fever.
Trembling is mostly internal;
During a thunderstorm, and:
On slight exertion.
They become weak, after coition,
In the spine,
In the eyes,
In the brain (irritability of temper), and:
All over the body.
Weakness also when they are hungry, or:
When exerting themselves but little.
Wine relieves their weakness.
SENSITIVE to pain,
To a change of weather,
To thunderstorms,
To a change of position,
To surroundings,
To the wind,
To windy weather,
To winter,
To touch,
To bathing,
To sensual and external impressions, as are the PHOSPHORUS family, one wonders not that they are morose and loathe life.

CHILDREN.

The children have grown very rapidly, and are inclined to stoop.
They are bright, and restless, their skin pale, cold, freckled and coursed with visible veins.

In the dark, they "see things coming out from the corners."

Very sympathetic and sensitive, delicate and weak, as are their parents, they can endure no mental or bodily strain.

Their teeth become black,

The lower ones irregularly formed, and:

Decay rapidly.

In the open air, water runs from their noses;

In the margins are bloody scabs.

A chewing motion of the lower jaw and a crack in the upper lip may often be noticed.

They are awkward with their hands and feet, and stumble as they walk.

They move very slowly.

When cold, they grow quite sad. At times, they are despondent without cause.

They wear glasses, for they are very myopic and a trifle astigmatic.

They learn talking late; some stammer.

APPETITE.

Judging from their ravenous appetite, which drives them from bed in the night to eat, one would expect to find them plump; on the contrary, they are much emaciated. They often visit the pantry again shortly after eating. Yet such a bulimia frequently alternates with anorexia.

They crave acid, salty, and refreshing food;

Are very fond of ice-cream!

How they hate coffee and fish, bread and butter, sweets and puddings!

They have constipation; the fæces being slender, long, narrow, dry, tough, and hard, as a dog's;

Fæces voided with difficulty.

One of the children has diarrhœa every summer;

Stools fetid, gushing, uncontrollable,

Often containing fatty matter, tallow-like particles.

It is painless, but exhausting;

> from cold food.

Another child, a girl of 14, who has not yet menstruated, has gastritis of a chronic form,

With pain, nausea, and vomiting:

Occurring often after eating.

Stomach is sore, heavy, burning; and:

The burning pain extends to back and chest.

Cold food or drink ameliorates the gastralgia;

But the water, which relieves the vomiting, is ejected as soon as it becomes warm in the stomach.

Food is often eructated by the mouthful.

Child belches loudly, large quantities of hot wind.

A third child claims that his stomach and abdomen are always empty, weak, and cold. The worst of it is that food gives no relief, yet:

If he fasts, he has a blinding headache.

Another peculiarity is his dry, hot hand, which he washes frequently.

Before Mr. PHOSPHORUS developed gastric ulcer, he suffered from dyspepsia similar to that of the daughter.

He now vomits something resembling coffee-grounds.

His tongue has a red stripe down the centre, and:

His GUMS, now detached from the teeth:

Bleed very easily, even from touch.

(They always bled profusely after extraction of teeth.)

An eminent specialist from a distant city had advised stretching of the constricted sphincter ani,

Removal of the nasal and aural polypi,

Removal of the ingrowing toe-nails, and:

Excision of the ulcer, which threatens to perforate.

After pruning of his anatomy, the patient will undoubtedly feel better, unless unforeseen complications shall arise.

As seminal emissions might account, to a certain extent, for the anæmia of PHOSPHORUS, the celebrated specialist has suggested castration as a radical cure for these; and he is of the opinion that if the prostate be enucleated, dribbling of the fluid would cease.

The wonderful scientist has created quite a commotion in the PHOSPHORUS family, and the members of the Magnetized Club are coming to see and to comfort their president before they become his pall-bearers;

Leucophlegmatic CALCAREA enters the room panting, mapping the dripping beads of perspiration from his cold forehead.

He is fat and flabby,

Bow-legged;

Chilly and tired, and:

Sour-smelling.

His feet, cold and moist, often become raw.

He perspires and feels cold, in single parts. His cold, trembling hand shakes that of Phosphorus, and his pale, dry lips utter a few sympathetic words borne from his soul, sad and hopeless, and as slowly stirring as is his body.

LACHESIS has more to say; he was born an orator. From his blue lips words roll out in torrents; his adept speech answers the slow questions before Phosphorus can finish formulating them.

His restless eyes move in their orbits as do those of a serpent.

He has just recovered from a left-sided tonsilitis and sciatica, for which his doctor gave him plentiful medicine with which to gargle and to rub.

He now must take deep breath, and frequently, like Calcarea and Phosphorus.

He suffocates from motion of the arms,

On falling asleep, and:

After sleep.

For relief, he must sit bent forward, and:

Must have the windows and door open. His stomach has lately grown sore, painful, and sensitive to the pressure of clothing.

In this he has the sympathy of Calcarea.

SILICEA is there also, with crippled nails, spotted-white;

Icy-cold and perspiring feet; lacking stamina, moral and physical; chilly and restless, mild and anxious.

He nurses a felon. While sitting he is very restless. Near an open window, his head and nape are freezing.

He claims that many of his complaints arise from vaccination.

His CHILDREN, and those of Calcarea, are late learning to walk and in cutting teeth.

During dentition they have diarrhœa (plus convulsions, in the Calcarea).

The abdomens are distended, enlarged like inverted saucers (with marasmus, in the Calcarea).

The children are very obstinate; but if you speak kindly to the SILICEA, you will make them cry, as they are very sympathetic.

Do not contradict a SILICEA child, for he may strike you.

If he cries, or has trouble of any kind, do not console him; he cannot endure that any better than could the *Natrum mur.*

You do not find in them the jealousy that characterizes the Lachesis,

Nor the vivacity, quickness of thought and deed, for:

They loath work; and:

Are mentally dwarfish.

The CALCAREA may have as much malice and hatred as the Lachesis. Do not take a CALCAREA or a SILICEA away from home, for he will be homesick. In one and all of them are glandular swellings and abscesses;

SILICEA has strong tendency to develop a joint-abscess.

THEIR SKIN, naturally cold, is dotted with freckles over a pale, transparent base;

That of CALCAREA often receiving a bluish tinge from distended superficial veins.

When undressing, at night, they have chill, and:

CALCAREA may shiver after urinating.

THEIR SLEEP is restless; deep, for CALCAREA, who awakens with difficulty in the morning; he maintains a chewing motion of his lower jaw during sleep.

When they are sick they want some one with them for company.

NATRUM CARBONICUM stepped in with a sad, anxious mind;

Palpitating heart,

Hoarse voice (having then a coryza), and:

Difficult respiration;

Sour stomach,

Skin dry, rough and cracked;

Ankles weak, causing him to slip and stumble easily, if they did not actually turn under his corpulent body;

Face pale, swollen;

Blue-*encircled eyes,* which he constantly wipes to ameliorate the dim vision.

Nose has lost the sense of smell;

Was often obstructed in the night,

With discharges, hard and green.

Red in color, and:

Desquamated at the tip.

Lips dry, as if from heat of the breath, so that he must constantly lick them, and:

Head dizzy and congested from exposure to the sun, or:

From working under gaslight.

He was sick enough himself to have stayed at home, but his sympathy for others is so strong that he had to come. With difficult speech from heaviness of tongue, he expressed his kind feelings for Phosphorus.

It was painful to see how easily he is startled by little noises, or by trifles, and how long he must wait before his memory serves him.

He is weary of life,

Averse to business,

Shuns mankind,

Avoids fresh air and the sun,

Dreads a storm, wet weather, and music.

His stomach is so weak that he must pay for the least error of diet:

He will not drink milk; he cannot digest it nor farinaceous food;

Fat food gives him a scraping heartburn;

After eating, a veil of sadness enfolds his timid soul with despair.

The visit ended, the friends of PHOSPHORUS left for their homes, under the silvery smiles of a moon rising like an Orient princess.

Looking at her, LACHESIS and CALCAREA shed tears of hopelessness; should they ever reach the land of promise whence riseth the light of truth, where one gathers the manna of happiness within the echo of the angelic harp?

LACHESIS asked himself why he felt as though he had two wills:

Why she should desire, and at the same time fear, death.

Some day he may end his troubles by drowning; while

CALCAREA may stab himself.

When the heart or the liver is affected, man feels a suicidal disposition, and loses the first love given to man, that of life.

What errors of thought and action, as a cause, lie back of this tendency!

From the top of the stately oak resounded, above the stillness of the plain, the crystalline hymn of the nightingale, whose loving sonata fell in a cascade of tones to the sensitive ear of

NATRUM CARBONICUM, and the joy of the bird gave birth to sadness in the man, whose eyes shed profuse tears upon his heaving bosom.

Heaven and Earth, their flowers and their stars, so happy and so pure, were whispering together; the radiant and perfumed wings of the breeze bore to the four quarters of the universe the mournful query:

"Why does man live in pain and die in agony?"

Back from the lips of the void came the sad response:

"Man is a fallen god!" . . .

BOOK REVIEWS.

GUNSHOT INJURIES; How They Are Inflicted, Their Complications and Treatment. By Colonel Louis A. Lagarde, United States Army Medical Corps (Retired). William Wood & Company. 1914.

This is the latest and authoritative work on gunshot wounds. Nearly every surgeon had to do, at some time or other in his career, with the treatment of these injuries even in times of peace, due largely to the carelessness in the use of firearms. This book is written by a member of the United States Army Medical Corps and is complete in every way. It forms an excellent text book for the teaching of military surgery in all medical schools. We can highly commend the same.

DIAGNOSIS IN THE OFFICE AND AT THE BEDSIDE. The Use of Symptoms and Physical Signs in the Diagnosis of Diseases. By Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College of Philadelphia. New (7th) edition, thoroughly revised and rewritten. Octavo, 547 pages, with 164 engravings and 10 full-page plates. Cloth, $4.00, net. Lea & Febiger. Philadelphia and New York. 1914.

The great practical value of this work and its appreciation by the medical profession is shown in the demand for a seventh edition. In this new issue the size of the volume has been reduced by the omission of laboratory diagnosis, and the price has been correspondingly brought down to four dollars. This places it on the same basis of cost as Hare's Practical Therapeutics, to which it is an admirable companion. With these two books before him, the practitioner is well equipped for the most puzzling case. He could not have more authoritative information in a form more definite or more easily accessible.

The book is exactly what its title claims—an Office and Bedside Diagnosis. It is primarily a regional study of symptoms; and it points out clearly just what the physician should look for from the moment he first sees his patient until a positive diagnosis is reached. It takes up each problem as the physician must take it up in the hospital ward, in the clinic or in actual practice, and by valuable tabulations points out, wherever possible, the differentiation between conditions which are similar. Thus it virtually eliminates the possibility of error. It is a striking example of Dr. Hare's wonderful ability to pick out what is essential, and present it in such a way that it will be of the utmost service. The excellence of the work is further enhanced by the series of admirable illustrations, and by the full index covering fifty pages, which makes any point in the book instantly available.

CLINICAL DIAGNOSIS AND URANALYSIS. By James R. Arneill, A. B., M. D., Professor of Medicine and Clinical Medicine in the University of Colorado, and Physician to the Denver County Hospital and the St. Joseph and St. Luke's Hospitals, of Denver. New (2d) edition, revised and enlarged. 12mo., 270 pages, with 83 engravings and a colored plate. Cloth, $1.00, net. The Medical Epitome Series. Lea & Febiger, publishers, Philadelphia and New York. 1914.

In the day of the treatise and the monograph it again is a distinct achievement, even for Dr. Arneill's skilled hand, to bring so extensive a subject as Clinical Diagnosis within the compass of an "Epitome." In addition to the customary tests of the blood, stomach contents, feces, sputum and urine, space is found for such procedures as Wright's coagulation test, cryoscopy, tests for anæmia, leukemia, trypanosomiasis and leukocytosis, Thalman's gonococcus stain and spinal fluid tests for albumen and dextrose. The revision embodies all the recent advances. Particularly practical and timely are the sections on the examination of stomach contents, and on serum reactions, including discussions of the Widal, Wassermann, Noguchi, butyric-acid and cobra venom tests. In each case due attention is paid to the normal as well as to the pathological constituents, and the necessary apparatus is carefully described. The illustrations are chosen with excellent judgment. The frequent bibliographical references are incentives to wider reading, and the questions at the end of each chapter serve to fix the important points in the reader's mind.

This work is worth many times its price to the student, the practitioner and the specialist alike. It helps the student to crystallize his impressions, throughout the term as well as at examination time; it enables the practitioner to refresh his memory and keep in touch with all the salient advances, and the specialist to clarify his perspective and readjust his sense of values.

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VOL. XXI MARCH, 1914 NO. 3

MEDICAL MEETINGS IN CHICAGO.

THE last week of February was a notable one in Chicago on account of medical activities. The Annual Conference of the Council on Medical Education and the Annual Meeting of the Association of American (allopathic) Medical Colleges convened and discussed topics of interest pertaining to medical education. Some excellent papers were read, the most notable of which was by President Lowell, of Harvard College, advocating the abolition of inflexible standards for admission to medical colleges. An attempt was made to discuss this paper by the president-elect of the A. M. A. The discussion was so weak and ludicrous even as to cause considerable unfavorable comment. It was easily understood, after hearing President Lowell's paper, why he is at the head of the first institution of learning in America.

Of particular interest to the Homœopathic School was the meeting of the Federation of State Medical Boards of the United States. The program of this Association embraced prominent men from the three principal schools of medicine, allopathic, homœopathic and eclectic, our own school being represented in the discussion by the President of the American Institute of Homœopathy, the Secretary of the Council on Medical Education of the A. I. H., and President Lefevre, of the Michigan State Board of Medical Examiners, who is a homœopathic physician. Among others present representing our school were: Dr. Maddux, of the Pennsylvania Board; Dr. Siemon, of the Ohio Board, and Dr. M. A. Barndt, of the Wisconsin Board. A spirit of fairness and a desire to co-operate with the members of all schools of medicine seemed to pervade this Association. It does not seem to be, to any visible extent, at least, under the control of the A. M. A., and we hope the members of our school who are on our State Boards as bona fide representatives will take an interest in the meetings and work of this body.

Of special interest also was the Annual Meeting of the College Alliance of Homœopathic Medical Colleges, which held numerous sessions and discussions of great interest and value. The following Colleges were represented: Boston University, by Dr. DeWitt G. Wilcox; New York Homœopathic College, by Dr. R. S. Copeland (President of the Alliance); New York Medical College for Women, by Dr. Emily Charles, Dean; Hahnemann of Philadelphia, by Dr. John J. Tuller; Cleveland-Pulte, by Dr. L. E. Siemon, Vice Dean; Homœopathic College of Michigan University, by Dean Hinsdale and Dr. C. A. Burrett (Secretary and Treasurer of the Alliance); Hahnemann of Chicago, by Dean J. P. Cobb, and Dr. W. Henry Wilson (First Vice-President of the Alliance); University of Iowa Homœopathic College, by Dean George Royal; Kansas City Hahnemann College, by Dean Moses T. Runnels and Ex-Dean Dr. W. E. Cramer; Hahnemann Medical College of the Pacific was the only college unrepresented.

The officers elected for the ensuing year were the following:

President, Royal S. Copeland, M. D., New York.

First Vice-President, W. Henry Wilson, M. D., Chicago.

Second Vice-President, John J. Tuller, M. D., Philadelphia.

Secretary and Treasurer, Claude A. Burrett, M. D., Ann Arbor.

The following may be considered as "Notes" of the Alliance meeting:

The After Dinner Club, of Chicago, through Dr. Mary E. Hanks, presented the Alliance with the sum of $300.00 for research work along homœopathic lines.

The meetings were favored by the presence of Dr. Serkoff, of Moscow, Russia, who represents the International Homœopathic Council and who is in this country studying colleges and societies preliminary to the organizing of some homœopathic activities in Russia.

It was recommended that the Alliance use its

influence with those having the appointing power of the membership on State Boards to secure such appointees as are qualified to pass their own requirements.

The question of adding a premedical year of work in chemistry, physics, and biology and a post graduate year of hospital training was deferred for one year.

An Exhibit Committee was appointed to arrange hospital and college exhibits for the Atlantic City meeting of the Institute.

It was voted to have a program for the next annual meeting.

An interesting talk was given on the Legal Aspect of State Boards and Colleges by the Attorney of the Wisconsin Board.

Dr. C. A. Burrett read a paper, entitled "Some Observations with Reference to the Present Day College Curriculum," which called forth much favor and comment.

The Chicago Homœopathic Society banqueted the visitors at the Sherman House on one evening and the Hahnemann College gave its dinner the following evening. Both were enjoyable occasions.

STATE UNIVERSITY OF OHIO HOMŒOPATHIC COLLEGE.

WE are informed that the Board of Trustees of the Ohio State University is to establish a department of medicine, which shall comprise the taking over of the Starling-Ohio College, now at Columbus, as its Allopathic Department and the Cleveland-Pulte College, of Cleveland, as its Homœopathic Department, the two schools to go in equally and simultaneously. It is understood that these colleges have offered to the University their properties, which, in the case of the Cleveland-Pulte, will be used to build a homœopathic hospital on the campus at Columbus. The homœopathic faculty will number five or six professors in the practical chairs, students of both schools getting their scientific and foundation branches from the University Departments as they exist, thus following out the Michigan plan.

Ohio has always been one of our most progressive states in more ways than one. A very large percentage of her population are homœopathic patrons and now to establish a medical department in her State University which shall include Homœopathy is evidence of the spirit of progress in the State and the desire on the part of the University authorities to have a *real* University.

Of course, the American Medical Association was exceedingly solicitous to prevent this and sent a trusty to Columbus to oppose it, but without further avail than to show the meddlesome hand of this Association and its deep desire to secure a monopoly of all things medical.

A strong faculty, at Columbus, supported loyally by the profession of the State will show a success that no other college in the land can show. It is a great opportunity and we trust that the chairs be filled by men who are loyal Homœopaths and not ashamed of their affiliation.

PASS THE STOUT RESOLUTION.

WE reproduce the following from the Journal of the American Institute of Homœopathy:

"Some three years ago I was admitted to membership in the Salt Lake County Medical Society after the Board of Censors had examined and passed on my case. I answered every question honestly and openly, in no way knowingly or wilfully withholding anything that I felt they should know. Some six months after my admission to the Society, a member who had been elected to the Board of Censors, after becoming a member, asked me concerning my affiliation with our State Society known as the Utah Homœopathic-Eclectic Medical Society. I informed him that said Society was no longer. He informed me that one of the By-Laws of the Medical Society forbade a member of the County Society being a member of any sectarian society. I explained that I was a member of the American Institute of Homœopathy and I considered it the liberal society, and therefore I could not see my way clear to resign from same to retain a membership in the local society. Without process of trial or even a hearing, I was expelled. Some of the members have taken pains to tell my friends that I was expelled from the Society and, of course, no reason was given. I appealed to the American Medical Association, but the common courtesy of a reply was never afforded. If this is not persecution I should like a definition."

This is not persecution, Doctor, it is retribution, you were simply gold-bricked. You de-

liberately put your head into the lion's mouth and you found out by experience that the mouth closed. If you were so simple as to expect any other treatment you doubtless by this time have been born again. In fact, most of our homœopathic physicians who have been thus hoodwinked have had the same experience. We know of one who joined to get business. He not only did not get it, but lost the support of his own brethren and what business he had. He was given to understand that he would reap the harvest of both schools in his specialty.

One of the discussors of the Doctor's excellent paper has evidently been through the mill. He is noted in the A. M. A. 1912 Directory as a member of one of its appendical societies, yet he congratulates the Doctor that he is out of the allopathic ranks.

Another one of the discussors shows his innocence by giving out this line of archaic talk that is used always to sugarcoat the allopathic bait. "You young fellows coming into our town, you homœopaths, have a better chance to get ahead than the old school people;" and "You homœopaths are the best fellows to indulge in research work of any one in the town."

Timeo Danaos et dona ferentes.

We are not one to feel swollen because the allopath pats us on the back. We had rather receive commendation from our own kind. The sooner our societies and institutions are rid of all who are traitors to our cause, homœopathy will flourish. We cannot successfully conduct our societies and much less our colleges with the help of those who publish articles in allopathic periodicals, who are members of antagonistic societies, and who continually sow dissention in our ranks, especially true in the case of our colleges where the future physicians pass their embryonic stages. We have in mind some examples as proof of this and expect to present the same some time in no uncertain manner.

Let us pass the Stout Resolution in all our State Organizations this Spring and at the Institute meeting at Atlantic City.

DR. GAIUS J. JONES.

THE death of Dr. Gaius J. Jones, of Cleveland, Ohio, has removed from the homœopathic profession one of its foremost physicians. Dr. Jones was born in New York State in 1843, and after the usual school education of that period entered into mercantile pursuits. On the breaking out of the Civil War he was one of the first volunteers from his native town. After the war was over he studied medicine and attended the Cleveland Homœopathic College, graduating therefrom and commenced the practice of medicine in 1865. In 1872 he was called as a Professor of Anatomy to his alma mater and in this and various other chairs he labored in college work for the rest of his life, occupying the chair of medicine and practice particularly and for many years was Dean of the institution. The highest honors in homœopathic societies were Dr. Jones'. He was President of the American Institute of Homœopathy, as well as of minor societies. Dr. Jones was essentially a practitioner of medicine and healer of the sick. He was one who never swerved from the straight path of homœopathy. He enjoyed one of the largest practices in the city of Cleveland and was known all over Northern Ohio as a most successful physician. His only book is a small volume on the practice of medicine and the therapeutic hints in this volume are such as to make it of practical value. Thus another of the old guard passes onward to the great beyond.

THE OWEN BILL AGAIN.

THE Homœopathic School of Medicine has been in existence about 125 years and its National Medical Society antedates the American Medical Association by two years. The United States has had a Public Health Service for many years, the first Marine Hospital Report was, we believe, published in 1872. From that time to the present numerous bulletins, health and other, have been issued by this service, yet a careful search fails to show that the Public Health Service of the United States has ever examined the tenets of Homœopathy, Eclecticism, Osteopathy or any other theory of medicine not recognized by the Allopathic School.

There is before Congress the ever present and the ever various Owen bill, which in all its manifold forms professes to show no discrimination among schools of medicine and doubtless expects the people to believe this mendacious clause. The government has no state religion, but it has a state medicine,—allopathy, and allopathy is as firmly intrenched in Washington

as is Episcopalianism in London, and is seeking, through the Owen bill, a further strangle hold on Congress, the Treasury of the United States and through them on the people.

If the Public Health Service which is, of course, under allopathic management refused, for all these years, to inquire into the tenets of Homœopathy, Eclecticism, Osteopathy and other systems, is there a sane person in all the United States that believes that the Owen bill with its clause about non-discrimination of schools of medicine placing the government entirely in the hands of the great Medical Trust would be more liberal or less discriminating than the Present Health Service?

NEWS ITEMS.

MASSACHUSETTS.

The Massachusetts Homœopathic Hospital receives from the estate of the late Benjamin Leeds, of Chelsea, a bequest of $50,000.00 to furnish free beds in the hospital for the worthy poor. Other large bequests were made, but only one other institution received as large an amount as our hospital.

At the annual meeting of the Hospital Trustees, the latter part of January, President Edward H. Mason announced that promise of substantial contributions toward the enlargement of the Out-Patient Department by the raising of the same four stories in height had been made. The building will be used as a Maternity Building, a much needed addition to the hospital. The cost will be near $100,000.00. President Mason also spoke on the need of a new children's ward. He reported that the hospital had 22,452 patients during the past year, an increase of 1,428 over the preceding year. A deficit of $9,078.00 was announced as against one of $18,281.00 for last year.

The Contagious Department of the Hospital, at Brighton, has been crowded with scarlet fever cases, some 90 being recorded there recently.

Miss Claire Sprague, for several years clinical clerk at the hospital, has resigned.

The Chest Clinic at the O. P. D. has been abolished and the patients for the clinic are treated in the medical clinic. The rectal cases go to the Surgical Clinic. At the Genito-Urinary Clinic Dr. Ralph McMillan, for some years faithful assistant to Dr. Orren B. Sanders, has succeeded to the late Dr. Sanders' clinic, Wednesdays and Saturdays.

Miss Sue Freeman, a graduate of the Massachusetts Homœopathic Hospital Training School for Nurses, 1906, and for some time Assistant Superintendent of Nurses at the Hospital, is now Superintendent of Nurses at the Worcester Homœopathic Hospital.

Changes by the Trustees in the appointments at the hospital have been made, giving two surgeons, with visiting surgeons and visiting assistant surgeons. Dr. J. Emmons Briggs and Dr. Walter Wesselhœft are the surgeons now on duty, with Drs. Charles T. Howard and Thomas E. Chandler as visiting surgeons, and Dr. William Thomas and Dr. Herbert D. Boyd visiting assistant surgeons. Dr. E. Pakenham Ruggles is obstetrical chief; Dr. Nelson M. Wood, medical chief, now on duty. Dr. Horace Packard is consulting surgeon; Dr. John P. Sutherland and Dr. Walter F. Wesselhœft, consulting physicians. At the O. P. D. Dr. Albert S. Briggs and Dr. Robert F. Souther are on duty in the Surgical Department.

The Medical Examining Board for this State have had two prominent "Chiropractics" in court and they have been fined $100.00 for practicing without a license.

Dr. Elizabeth Hirst, 1913, has opened an office at 207 Highland avenue, Somerville.

The regular meeting of the Boston District of the State Homœopathic Medical Society was held February 5, 1914, at the Evans Memorial Building. Helmuth Ulrich, M. D., spoke on "The Blood Picture of Chlorosis," and Conrad Wesselhœft, 2d, M. D., presented a paper on "A Consideration of the Action of Iron in Chlorosis." Discussion was opened by Dr. Nelson M. Wood, with exhibition of cases of clinical interest.

Dr. George E. May, of Newton Centre (B. U., 1890), did a Cæsarean section on a patient at the Newton Hospital recently, delivering twin girls. This feat occasioned considerable newspaper comment. The operation used to cause comment, but the delivery of twins that way is certainly unusual.

Dr. Harold E. Diehl, 1911, now in Quincy, announces his engagement to Miss Helene Taylor, of that city. Dr. Diehl is an A. B. and a Ch. B., and served a term as interne in the Newton Hospital.

St. Elizabeth's new hospital, at Brighton, opened a campaign in February for $200,000.00 to be raised in ten days. A thermometer in the various parts of the city of Boston recorded the warmth with which the work was undertaken and also the amount raised. The sum was exceeded by some $60,000.00, assuring the hospital an unusual start. The building is a Catholic institution, but extends its charity to all alike. Rumor has it that the building is but the forerunner of a medical department at Boston College, whose buildings are near the new hospital. If such is the case the new hospital building, with all modern equipment, will give the medical students unusual facilities.

Dr. Rueul A. Pierce, 1912, now house physician at Westboro, has been on the sick list.

The S. and G. Society will hold its June meeting at Lowell.

Dr. Arthur H. Ring and Dr. Barbara T. Ring announce that Dr. Wallace M. Knowlton, of Brookline, is now associated with them in the conduct of The Ring Sanatarium and Arlington Health Resort, at Arlington Heights, Mass.

The Gizzard Club met January 19 at the American House, Boston, and Edward S. ("Ned") Calderwood, 1904, was elected President. Carroll Swan was toastmaster, and the entertainment was a minstrel show by the members, assisted by a quintette of professional entertainers.

In one of the public health talks being given at the Evans Memorial Building, Dr. E. P. Colby spoke, January 13, on Peculiar Children. He advocated various sensible measures for the treatment of children's troubles,mental as well as physical, and spoke on the home education in regards to teaching children how to lead a clean life. He stated that many mothers were unfit to teach their offspring morality.

MICHIGAN.

The February meeting of the Practitioners' Society, of Detroit, was held on the 16th. Papers were read by Dr. Dean W. Myers, of Ann Arbor, and Dr. W. L. Hartman. Dr. Hartman is a recent comer to Detroit, his former home having been Syracuse, N. Y.

Several members of the faculty of the Homœopathic Department of the University attended the various meetings of the Educational Boards in Chicago and were scheduled to read papers before the same.

MISSOURI.

The monthly bulletin of the Missouri Institute of Homœopathy continues to come to our table. The present issue contains a list of the active and honorary members of that Association. Dr. Parson, the President, and Dr. Young, the General Secretary, are endeavoring to make the meeting in Kansas City a successful one. In this they have the active assistance of Dr. E. J. Burch, of Carthage, Mo., ex-president of the Institute.

NEW YORK.

The annual report of the Middletown State Homœopathic Hospital for the year ending September 30th, 1913, it being the 43d, has reached our table. This report shows the institution to be in a most flourishing condition. There were, during the year, a total of 2,262 patients treated. This institution is one of the fine ones of our school of medicine and only homœopathic methods are used therein, which, of course, in a large measure, in fact, entirely, accounts for its wonderful success.

The cut of the pavilion of Flower Hospital, of New York, shows this institution to be existent and in flourishing condition. It is intended for such patients as are able to pay something for their services.

OHIO.

The Toledo Homœopathic Club held two very interesting meetings in February and papers were read by Drs. Dawe, Maxwell, Denman and Crawford. This is one of our live clinical societies, is always well attended and has, usually, an excellent program.

Dr. C. E. Sawyer, of Marion, Ohio, spent the larger part of the month of February in Florida. Dr. Sawyer is, at present, active in that part of the work of the Medical Council which has to do with hospital inspection and classification. He will doubtless have an excellent report of the same for the Institute meeting at Atlantic City.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, January 8, 1914, at eight thirty o'clock. The scientific program consisted of the following:

"Cinemotograph Illustrations of Nervous and Mental Diseases," T. H. Wrisenberg, M. D.

"Report of the Committee on 'Medical Siftings,'" G. M. Christine, M. D.

The scientific session was followed by a social hour, which was thoroughly enjoyed by all members present.

WM. M. SYLVIS, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at Hahnemann College, Monday evening, January 26, 1914. Papers were read by Doctor Muhley and Doctor Steinhilber and were very ably presented. The meeting was an interesting one, there being a full attendance of members.

W. C. MERCER, M. D., *Secretary.*

OBITUARY.

Dr. G. F. Forbes.

Worcester, Mass., died January 3d, aged 82 years. Boston University School of Medicine, 1874.

Dr. James Roy M'Intyre.

Carlisle, Ky., died January 9th, aged 32 years. Southwestern Homœopathic Medical College and Hospital, Louisville, 1902.

Dr. Armin Ubelacker.

Morristown, N. J., died February 6th, æt. 83. New York Homœopathic Medical College and Hospital, 1871.

Dr. Charles F. Sherman.

Holland, Mich., January 13, æt. 59. Boston University School of Medicine, 1877.

Dr. Horace T. Holden.

Omaha, Neb., January 21, æt. 43. Chicago Homœopathic Medical College, 1897.

Dr. Frederick Scheuerman.

Chicago, January 17, æt. 62. Chicago Homœopathic Medical College, 1879.

Dr. Jacob F. Frantz.

New York, February 7th, æt. 62. Hahnemann Medical College, Chicago, 1873.

Dr. James O. R. Carley.

Winchester, Kan., January 12th. Hahnemann Medical College, Chicago, 1885.

Dr. Gaius J. Jones.

Cleveland, O., February 7th, æt. 70. Cleveland University of Medicine and Surgery, 1872.

Dr. J. N. Babcock.

Grand Rapids, January 27, æt. 38. University of Michigan, Homœopathic College, 1898.